



VETERINARY MEDICAL BOARD
 REGISTERED VETERINARY TECHNICIAN COMMITTEE
 2005 EVERGREEN ST., SUITE 2250, SACRAMENTO, CA 95815-3831
 TELEPHONE: (916) 263-2610 / FAX: (916) 263-2621
 WEBSITE: <http://www.vmb.ca.gov>



CONSUMER COMPLAINT FORM

PLEASE PRINT OR TYPE

PLEASE PROVIDE ALL INFORMATION REQUESTED

COMPLAINT REGISTERED AGAINST			
Name of Veterinarian:		Phone:	
Hospital Name			
Hospital Address:	City:	State:	Zip:
PERSON REGISTERING COMPLAINT			
Name of Person Registering Complaint:		Work Phone:	
Address:		Home Phone:	
City:	State:	Zip:	
Have you complained to another organization or agency?(Please specify)			
DETAILS OF COMPLAINT			
Patient's Name:	Breed:	Age:	Date of Visit:
Reason for Visit:		Current Physical Condition:	
Consulting Veterinarians: (before/after)		Phone:	
Hospital Name:			
Hospital Address:	City:	County:	

Emphasis is placed on providing necessary factual information rather than conclusions. Supplemental information such as copies of any receipts, bills, letters or forms received from the veterinarian or veterinary facility is helpful. Witness statements are also very helpful in making a determination. See reverse.

Details of Complaint:

Attach Additional Sheets if Necessary

Notice: Except for the name of the veterinarian, all information is voluntary, but failure to provide the requested information may delay or prevent the investigation of your complaint. As much information as possible should be provided in connection with the complaint. The information on this form will be used in part to determine whether a violation of state law has occurred. If a violation is substantiated, the information may be transmitted to other government agencies, including the Attorney General's Office.

Signature: _____ Date: _____

WITNESS STATEMENT FORM

NOTE: IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE, PLEASE CONTACT THE ENFORCEMENT ASSISTANT AT (916) 263-2702.

Name:			Home Phone:		
Address:			Work Phone:		
City:		State:		County:	
				Zip:	
Date incident occurred:					

UNDER PENALTY OF PERJURY, I MAKE THE FOLLOWING STATEMENT:

[illegible]

Please attach additional sheets if necessary.

Signature: _____ Date: _____